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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Matrix Home Solutions of Southwest Florida,	LLC
(Name of Limited Liab	pility Company)
The enclosed member, resignation or dissociation as	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Nicholas Richmond	
(Contact Person)	<del></del>
Matrix Home Solutions of Southwest Florida, LLC	
(Firm/Company)	<del></del>
1501 Rail Head Blvd.	
(Address)	
Naples FL 34110	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Courtney Howard 303	618-5300
	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:
☑ \$25 Filing Fee ☐ \$55	5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it	appears on the records of the	Florida	Depart	lment
of State is:	ix Home Solutions of Southwest Florid	da, LLC			
	ument/registration number assig		ompany	0024#APR 23	
	ember/manager withdrew/resign		•		T
	d dame of Person Resigning)	, norcey windaw/icsign a		<del>1</del> 8	
member					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the li	imited liability company has	been not	ified o	f my
Signature of D	issociating Member or Resignin	g Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				